



GIRLS SOFTBALL

Spring 2020 • Grades K-9



Open to Springfield Residents and Students Attending a School in Springfield

T-Ball Grade K

Instructional League Grades 1-2*

Lower League Grades 3-5*

Upper League Grades 6-9**

*Joint League with Mountainside, Berkeley Heights, and New Providence

**9th Graders Not Playing High School Softball

Two Fees ^

\$65 (^Grades 1-9) — Payable to Springfield Girls Softball, Inc. (check, cash, money order, credit card)

Pay online with Visa, Mastercard, or Discover (\$0 processing fee) at <https://www.springfieldgirlssoftball.com>

Or, return payment to Springfield Girls Softball, Inc., c/o Chisholm Community Center, 100 South Springfield Avenue, Springfield, NJ 07081

\$80 — Payable to Township of Springfield (check, cash, money order, credit card)

Register online with Visa, Mastercard, or Discover (\$0 processing fee) at <https://register.communitypass.net/springfield>

Or, complete the form below and return it with both payments to:

Springfield Recreation Department, Chisholm Community Center, 100 South Springfield Avenue, Springfield, NJ 07081

Deadline

Friday, February 28, 2020 — After, registrations will only be accepted if space is available on a team

What's Included

Uniform to keep (shirt, pants); Medals for K-2nd graders; Loaned equipment (helmet, catcher's gear, bats, balls); League fees

What's Not Included

Cleats; End-of-season picnic at pool (separate registration required); Summer and Fall travel team registration fees; Winter workout fees

Summer and Fall Travel Teams (Springfield Storm)

Registration in Spring softball league and minimum attendance required for tryouts

Questions?

Contact Daniel Hesse, Recreation Program Coordinator, at daniel.hesse@springfield-nj.us or (973) 912-2227

Girls Softball Spring 2020 • Registration Form

Name _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____

Parent Email _____ Parent Cell Phone _____

Emergency Contact Name & Phone _____

Health or Physical Concerns/Modifications Requested/Allergies/Inhaler/Epi-Pen/Glucagon _____

Uniforms: Please check ONE shirt size and ONE pant size.

SHIRT:

Youth Sizes X-Small 4-5 _____ Small 6-8 _____ Medium 10-12 _____ Large 14-16 _____

Adult Sizes Small 34-36 _____ Medium 38-40 _____ Large 42-44 _____ X-Large 46-48 _____

LONG PANTS:

Youth Sizes X-Small _____ Small 21-23 _____ Medium 24-25 _____ Large 26-27 _____ X-Large 28-29 _____

Adult Sizes Small 28-30 _____ Medium 32-34 _____ Large 36-38 _____ X-Large 40-42 _____



Our child has been examined by a physician and to the best of our knowledge is physically fit to participate in this softball league. Permission is hereby granted to engage in this softball league. The Township of Springfield, Springfield Girls Softball, Inc., employees, coaches, and volunteers will not be liable for any injury incurred from practices or games. I understand that all persons (players, coaches, officials, parents, spectators) attending a sports event for Springfield programs must comply with the NJ law P.L. 2002, Chapter 74-C:5-17, Code of Conduct Policy. Supervisors of all Springfield programs may ban the presence of any person who fails to comply with the code and violators may also be banned from subsequent sports events. Designated supervisors may also call for Police assistance if needed. All persons are encouraged to refrain from engaging in verbal or physical threats or abuse aimed at any player, coach, official, parent, and/or spectator, and also must refrain from initiating any fight or scuffle with any person. All persons are encouraged to refrain from taunting and/or using profane language or gestures. All persons are encouraged to practice good sportsmanship, which includes cheering for your team and respecting the efforts of opponents. I understand that parks and community centers are open to the public, and members of the public and the press may inadvertently photograph and video my child and use those images for their own use without my permission. I give permission for my child's photograph and video to be captured by Township of Springfield employees and used in print publications, online publications, presentations, websites, and/or social media. I understand that under state law, participants who normally wear corrective eyeglasses must wear protective shatterproof eyewear during these softball activities. I hereby authorize representatives of the Springfield Recreation Department and Springfield Girls Softball, Inc. to give consent for any and all necessary emergency First Aid or medical care for my child while my child is participating in this softball league.

Parent/Guardian: Name (print) _____ Signature _____ Date _____

Business Owners: Please print name if interested in being a team or billboard sponsor. Sponsorships are \$250. Team includes your company name as a team name on t-shirts. Billboard includes your company banner hanging on the field for Spring, Summer, and Fall leagues.

NAME _____ COMPANY NAME _____ PHONE _____ EMAIL _____

Interested in Coaching? _____ Or Assisting? _____ Name _____
Shirt Size _____ Phone _____ Email _____

All coaches must meet criminal background check and educational requirements of the Township of Springfield. You will be contacted about submitting fingerprints and attending a Rutgers S.A.F.E.T.Y. coach clinic. Requirements must be met prior to serving as a coach.